



## INCIDENT INTAKE INFORMATION FORM

Facility ID #: Satellite Location: Date:  
Facility Name: License #:  
Site Address:  
City: State: Zip Code: County:  
Telephone: Fax: E-mail:

### REPORTER

Sal : First Name: MI: Last Name:  
Position/Title: Phone: E-mail:

### REASON FOR REPORT (Check all that apply in the boxes below)

Physical Abuse	Sexual Abuse or Exploitation	Serious Accident	Serious Injury	Death	Hospitalization	Emergency Safety Intervention	Other
					Planned Unplanned		Describe Other:

### CPS NOTIFICATION (REQUIRED FOR ALL PHYSICAL/SEXUAL ABUSE AND NEGLECT ALLEGATIONS)

Name: County: Office #: Date of Report

### CHILD / RESIDENT (ONE INCIDENT INTAKE INFORMATION REPORT PER CHILD TO WHOM THIS APPLIES)

First Name: MI: Last Name: Gender: M F  
D.O.B.: City: State: Zip: Date of Placement:

### PARENT/ GUARDIAN / COUNTY OF CUSTODY

Sal: First Name: Last Name: County of Custody:  
Home #: Work #: Mobile #:  
Address: City: State: Zip:

### FOSTER PARENT OR ADOPTIVE PARENT WHERE CHILD WAS PLACED DURING THE INCIDENT (If applicable)

Sal: Name of Foster Mother: Name of Foster Father :  
Home #: Work #: County:  
Address: City: State: Zip:

### WITNESS

Name: Title: Home # Work #  
Address: City: State: Zip:

### NAME OF PERSON(S) ALLEGED TO BE RESPONSIBLE FOR INJURY/MISTREATMENT : (List all involved)

First Name: Last Name: Staff Resident/Child

Does this person still have access to children in care? If Yes, safety plan  
Yes No

Was this approved by the custody holder? Yes No

**INCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. (pick one) Location: \_\_\_\_\_

Was There An Injury?    Yes    No    Was it from an ESI and requiring more than first aid:    Yes    No

Describe how the injury occurred:

Date Medical Attention Was Given: \_\_\_\_\_ Name of provider of medical care: \_\_\_\_\_

Describe extent of medical care:

Describe Activity & Area Where Injury Occurred:

Staff/Child Ratio At Time Of Incident: \_\_\_\_\_ Does Child Still Reside In Facility or with Foster Parent:    Yes    No

Names of Adults Responsible for Children at the Time of the Incident:

Parent/Guardian Notified:    Yes    No    Date Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. (pick one)

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**SUMMARY OF INCIDENT**

(Include: who; what; where; when; how; and any precipitating factors that may have contributed to the event. For additional information use Page 3.)

**Steps Taken By Facility To Prevent Further Incidents Including a Detail of Any Safety Plan.** For additional information use Page 3.)

**EMERGENCY SAFETY INTERVENTION (ESI) REPORTS (INJURY OCCURANCE REQUIRES FORM COMPLETION)**

	AGENCIES WITH A LICENSED CAPACITY OF LESS THAN 20 CHILDREN OR AGENCIES WITH LESS THAN 20 FOSTER PLACEMENTS				AGENCIES WITH A LICENSED CAPACITY OF 20 OR MORE CHILDREN OR AGENCIES WITH 20 OR MORE FOSTER PLACEMENTS			
	Names Of Children With 3 Or More ESI's In A 30 Day Period	Injury to Child From ESI	Names Of All Children Involved When More Than 5 ESI's Are Done In A 30 Day Period	Injury to Child From ESI	Names Of Children With 3 Or More ESI's In A 30 Day Period	Injury to Child From ESI	Names Of All Children Involved When More Than 10 ESI's Are Done In A 30 Day Period	Injury to Child From ESI
NAME								
NAME								
NAME								

SUMMARY OF INCIDENT

(CONTINUATION from page 2. Include: who; what; where; when; how; and any precipitating factors that may have contributed to the event.)

Steps Taken By Facility To Prevent Further Incidents Including a Detail of Any Safety Plan. CONTINUATION from Page 3.)

EMERGENCY SAFETY INTERVENTION (ESI) REPORTS

(CONTINUATION from page 2)

AGENCIES WITH A LICENSED CAPACITY OF LESS THAN 20 CHILDREN OR AGENCIES WITH LESS THAN 20 FOSTER PLACEMENTS

AGENCIES WITH A LICENSED CAPACITY OF 20 OR MORE CHILDREN OR AGENCIES WITH 20 OR MORE FOSTER PLACEMENTS

Names Of Children With 3 Or More ESI's In A 30 Day Period		Injury to Child From ESI	Names Of All Children Involved When More Than 5 ESI's Are Done In A 30 Day Period		Injury to Child From ESI	Names Of Children With 3 Or More ESI's In A 30 Day Period		Injury to Child From ESI	Names Of All Children Involved When More Than 10 ESI's Are Done In A 30 Day Period		Injury to Child From ESI
NAME											
NAME											
NAME											

